## PART B - FEE(S) TRANSMITTAL

MAR 2	mplete and send this form, together with applicable fe			Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885		
INSTRUCTIONS. This for appropriate. All with the indicated unless correction maintenance fee notification	orm shalld be used for tran transcribed ence including the last blow or directed otherwise ns.	smitting the ISSU Patent, advance or in Block 1, by (a	IE FEE and PUB ders and notificati ) specifying a new	LICATION FEE (if rec on of maintenance fees v correspondence addres	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for
	CE ADDRESS (Note: Use Block 1 for 590 03/10/2006	any change of address)		Fee(s) Transmittal, T	f mailing can only be used for his certificate cannot be used nal paper, such as an assignment te of mailing or transmission.	for any other accompanying
FULWIDER PA 6060 CENTER DI 10TH FLOOR	RIVE			I hereby certify that States Postal Service addressed to the M transmitted to the US	ertificate of Mailing or Trans this Fee(s) Transmittal is bein with sufficient postage for fir ail Stop ISSUE FEE address PTO (571) 273-2885, on the o	smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.
/24/2006 MAHREDE 0000	0014 10788791			JOHN 5.	NAGY, ESQ.	(Depositor's name)
FC:2501 700.00 OP FC:1504 300.00 OP FC:8001 9.00 OP				March 20,	2006	(Signature)
APPLICATION NO.	FILING DATE	FIRST NAMED INV		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	06/12/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	•
GILBERT, SAMUEL G		3735 Address" (37 2. For printing on th		600-037000	<b>-</b>	y e V
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND	dence address (or Change of 622) attached.  tion (or "Fee Address" Indica or more recent) attached. Use  D RESIDENCE DATA TO B. as an assignee is identified be a 37 CFR 3.11. Completion of	tion form of a Customer E PRINTED ON T	registered attorn 2 registered pat listed, no name THE PATENT (prin	a single firm (having as ney or agent) and the na ent attorneys or agents. I will be printed.	a member a 2	ocument has been filed for
(A) NAME OF ASSIGN				(CITY and STATE OR		
PARACOR M	MEDICAL, INC.		Sunnyval	e, California	•	e sea
Please check the appropriate	e assignee category or categor	ies (will not be pri	nted on the patent)	: 🗆 Individual 🞾 (	Corporation or other private gro	oup entity Government
4a. The following fee(s) are  Issue Fee	enclosed:	4b	Payment of Fee(s	): amount of the fee(s) is e	malocad	
Publication Fee (No s	small entity discount permitte		Payment by cr	edit card. Form PTO-203	8 is attached.	
Advance Order - # o	f Copies	····	The Director is Deposit Accou	hereby authorized by ch nt Number06-242	arge the required fee(s), or cre (enclose an extr	dit any overpayment, to a copy of this form).
a. Applicant claims S	(from status indicated above MALL ENTITY status. See 3	7 CFR 1.27.	☐ b. Applicant is	no longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec	is requested to apply the Issu bublication Fee (if required) words of the United States Pate	e Fee and Publicat ill not be accepted nt and Trademark	ion Fee (if any) or from anyone othe Office.	to re-apply any previous r than the applicant; a re	sly paid issue fee to the applica gistered attorney or agent; or th	tion identified above. ne assignee or other party in
Authorized Signature	Jhn	Nay		Date	March 20, 2006	
	JOHN S. NAGY				No. 30,664	
					the public which is to file (and minutes to complete, includin omments on the amount of til I Trademark Office, U.S. Dep. S. SEND TO: Commissioner displays a valid OMB control	